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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/798,854				
Filing Date	March 11, 2004				
First Named Inventor	James Elesh				
Art Unit	3727				
Examiner Name					
Attorney Docket Number	201300-9031				

Please withdraw me as attorney or agent for the above identified patent application, and										
	all the attorneys/agents of record.									
the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
V	the attorneys/a	agents associated with Custo	mer Nu	mber		01131]			
		ox can only be checked wher lers associated with a custom			ttorney	of record in the app	lication i	s to all the		
The reasons for this request are: The client refuses to communicate with the practitioner and has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time.										
CORRESPONDENCE ADDRESS										
1. The correspondence address is NOT affected by this withdrawal.										
2. Change the correspondence address and direct all future correspondence to:										
The address associated with Customer Number:										
OR										
	m <i>or</i> ividual N ame	Sachnoff & Weaver, Ltd.								
Address		10 South Wacker Drive								
City		Chicago		State	IL		Zip	60606-7507		
Country		us								
Telephone		312-207-1000				Email				
Signature	K	um I lant								
Name	Larry L. Saret					Registration No.	27,674			
Date	November 9, 20	, 2006				Telephone No. 312-222-0800		-0800		
		hen approved rather than when recei- e or possible extension period, the re					al of withd	rawal and the expiration		

This collection of information is required by 3T CFR. 1.36. The information is required to obtain or retain a benefit by the public which is to fire (and by the USFTO to process) an application. Conflictedintally is apported by 35 U.S. C. 122 and 37 CFR. 1.11 and 14. This collection is estimated to take insulated to complete including gathering, preparing, and submitting the completed application from to the USFTO. Time will vary depending upon the individual case. Any comments on the anomator of line you require to complete this form andor suggestions for reducing this burder, should be sent to the Chief Information Gifcer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandria, VA 22313-1450.